## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

906-03080601

|                                                                                       |                    | SI                                                               | SMALL ENTITY   |                                |                      | OTHER THAN                                   |            |                   |                        |          |                     |                        |
|---------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------|----------------|--------------------------------|----------------------|----------------------------------------------|------------|-------------------|------------------------|----------|---------------------|------------------------|
| r                                                                                     |                    |                                                                  | (Column 1)     |                                | (Column 2)           |                                              |            | TYPE              |                        | OR       | SMALL               |                        |
| TOTAL CLAIMS                                                                          |                    |                                                                  | 12             |                                |                      |                                              |            | RATE              | FEE                    |          | RATE                | FEE                    |
| FOR                                                                                   |                    |                                                                  | NUMBER FILED   |                                | NUMB                 | ER EXTRA                                     | В          | ASIC FEE          | 375.00                 | OR       | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                    |                                                                  | /2 minus 20=   |                                | * <i>þ</i>           |                                              |            | X\$ 9=            |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                    |                    |                                                                  | 7 minus 3 =    |                                | * B                  |                                              |            | X42=              |                        | OR       | X84=                |                        |
| MU                                                                                    | LTIPLE DEPEN       | IDENT CLAIM PI                                                   | RESENT         | <u> </u>                       |                      |                                              | T          | +140=             |                        | OR       | +280=               |                        |
| * If the difference in column 1 is less than zer                                      |                    |                                                                  |                |                                | "0" in c             | olumn 2                                      | L          | TOTAL             | 375                    | OR       | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                                           |                    |                                                                  |                |                                |                      |                                              |            |                   |                        | •        | OTHER               | THAN                   |
|                                                                                       |                    | (Column 1)                                                       |                | (Column 2) (                   |                      |                                              | 9          | SMALL E           | NTITY                  | OR       | SMALL               |                        |
| AMENDMENT A                                                                           |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA                             |            | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDV                                                                                   | Total              | *                                                                | Minus          | **                             |                      | =                                            |            | X\$ 9=            |                        | OR       | X\$18=              |                        |
| AME                                                                                   | Independent        | *                                                                | Minus          | ***                            | CL AINA              | <u>                                     </u> |            | X42=              |                        | OR       | X84=                |                        |
|                                                                                       | FIRST PRESE        | NTATION OF MI                                                    | ULTIPLE DE     | PENDENT                        | CLAIM                |                                              |            | +140=             |                        | OR       | +280=               |                        |
|                                                                                       |                    |                                                                  |                |                                |                      |                                              |            | TOTAL             |                        | ارا      | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                    |                                                                  |                |                                |                      |                                              |            | DIT. FEE          |                        | J        | ADDIT. FEE          |                        |
|                                                                                       |                    | CLAIMS                                                           |                | HIGH                           | EST                  | (Column 3)                                   |            |                   | ADDI                   |          |                     | ADDI                   |
| ENT B                                                                                 |                    | REMAINING<br>AFTER<br>AMENDMENT                                  |                | NUM<br>PREVIO<br>PAID          | DUSLY                | PRESENT<br>EXTRA                             |            | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                             | Total              | *                                                                | Minus          | **                             |                      | =                                            |            | X\$ 9=            | -                      | OR       | X\$18=              |                        |
| AME                                                                                   | Independent        | *                                                                | Minus          | ***                            |                      | =                                            |            | X42=              |                        | OR       | X84=                |                        |
| L                                                                                     | FIRST PRESE        | NTATION OF MI                                                    | JLTIPLE DEI    | PENDENT                        | CLAIM                |                                              |            | +140=             |                        | OR       | +280=               |                        |
|                                                                                       |                    |                                                                  |                |                                |                      |                                              | <b>L</b> . | TOTAL<br>DIT. FEE |                        |          | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                    |                                                                  |                |                                |                      |                                              |            | ,                 |                        |          |                     |                        |
| AMENDMENT C                                                                           |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA                             |            | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total              | *                                                                | Minus          | **                             |                      | =                                            |            | X\$ 9=            |                        | OR       | X\$18=              |                        |
|                                                                                       | Independent        | *                                                                | Minus          | ***                            |                      | =                                            |            | X42=              |                        |          | X84=                | <u> </u>               |
|                                                                                       | FIRST PRESE        | NTATION OF M                                                     | ULTIPLE DE     | PENDENT                        | CLAIM                |                                              | -          | N442              |                        | OR       | 704=                | <del></del>            |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                    |                                                                  |                |                                |                      |                                              |            |                   |                        | OR       | +280=               |                        |
| **                                                                                    | If the "Highest Nu | min T is less than to<br>mber Previously P<br>Imber Previously P | aid For" IN TH | IS SPACE i                     | s less tha           | ın 20, enter "20."                           | , AD       | TOTAL<br>DIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                    | nher Previously Pa                                               |                |                                |                      |                                              | r four     | d in the ann      | ropriate ho            | r in col | lumn 1              |                        |